



New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	IV	Out of Home Placement	5-10-2010
Chapter:	C	Adoption	Revised
Subchapter:	8	Adoption Subsidy	Date: 9-20-2021
Issuance:	400	Subsidy Rates for Children Requiring Increased Levels of Care	

Purpose:

This issuance establishes policies and procedures for determining the adoption subsidy rate for a child who has extraordinary medical, emotional or behavioral needs and requires an increased level of care in a CP&P resource home or selected adoption home (e.g., Adoption Exchange home from an out-of-state agency).

Authority:

- N.J.A.C. 3A:23-1.1-1.7 Adoption
- N.J.A.C. 10:122C, Manual of Requirements for Resource Family Parents

Policy:

A) Eligibility for Increased Board Rates for Adoption Subsidy

- 1) Eligibility for an increased board rate is dependent upon the Worker and resource parent completing the CP&P Form [5-8](#), Resource Family Rate Assessment. The assessment has four Levels A through D, with D being the highest. Each Level indicates the number of hours the resource parent is willing to provide additional or special care for a child based on the needs of the child that are above and beyond what is typically expected for a child of that age. This includes but are not limited to therapy appointments, transportation, and implementation of specialized training. The rate assessment level can also include emotional, behavioral, or other needs of the child. See, CP&P [IV-B-9-100](#), Maintenance.
- 2) The acuity level indicates the child's medical needs and eligibility for an increased board rate. The Pediatric Nurse completes the pediatric acuity

assessment. The levels for the assessment are 1 through 5, where 5 is the highest level requiring the most care.

- 3) Together, the board rate and the acuity level determine the subsidy rate when an increased level of care is required. Depending on the contributing factors determining the board rate and the acuity level, the final rate is unique to the child's specific needs, (e.g., a child can have an acuity level of 3 and a board rate assessment of D).
- 4) Child Specific Board Rate A child in placement may be eligible for an exceptional rate, categorized as a child specific board rate, in his or her resource or treatment home, group home, hospital or medical facility, or residential treatment center if the documented treatment needs are beyond the current rate table and the difficulty of care. Current evaluations are required to support the continued need for the child specific board rate as an adoption subsidy.
- 5) This rate may be based upon the current rate assessment to determine continued need for this exceptional amount. Supporting documentation is required in the subsidy pre-approval request packet and may be approved as the subsidy rate. Medical documentation of a chronic genetic condition of the biological parent of the child may also be considered as documentation.
- 6) Child specific rates do not increase with age and cost of living increases. See, CP&P [IV-B-9-100](#), Maintenance

B) Difficulty of Care Increase

When a child continues to require an extensive service commitment and current evaluations support an increased level of care, which cannot be fulfilled through health insurance, community programs, Medicaid, or Children System of Care, that child may be eligible for a difficulty of care increase. This medical, social, or behavioral need shall be supported by medical diagnosis or professional evaluation. The increased board rate shall be approved by the Assistant Director of the Office of Adoption Operations or his or her designee prior to the adoptive family signing the subsidy agreement.

C) Special Services Subsidy

- 1) The child may be eligible for the Special Services Subsidy if he or she has a documented diagnosis that requires ongoing care and cannot be met by any other funding source i.e. health insurance, Supplemental Security Income (SSI), community programs, Medicaid, or Children System of Care. Examples of Special Services are not limited to therapy, corrective appliances, special training, and nursing hours.
- 2) The Special Services Subsidy shall be reviewed annually to determine if an extension of services shall be approved. An extension of the Special Services Subsidy shall be reviewed and approved annually.

D) Required Documentation for Child's Condition

The Worker shall document the child's medical, emotional, mental, social or behavioral health needs to demonstrate the need for the increased board rate with recent

evaluations and current treatment reports. A report is considered current if it has taken place and dated within the past 12 months.

E) Adoption Subsidy May Not Exceed Board Rate in Foster Care

A resource parent, on behalf of the child, may not receive more in subsidy than he or she was receiving in foster care board. This includes the specialized foster care board rate, as well as rates paid to treatment providers. This means that if the Rate Assessment Pre-Adoption indicates a child is entitled to a higher rate, that rate shall be reflected in the foster care board, or he or she will not be entitled to the higher rate in adoption subsidy. See [CP&P-IV-C-8-200](#)).

F) The Acuity Rate Requirements

The acuity rate and level shall comport with the number of hours the adoptive parent cares for the child's special needs. The adoptive parent shall have documentation to demonstrate the current care needs. The Pediatric Nurse shall complete the acuity level assessment on the child.

G) Increased Rate Approved by the Office of Adoption Operations

The Assistant Director of the Office of Adoption Operations, or his or her designee, shall approve the increased board rate **before** the adoptive family signs the subsidy agreement.

Procedures:

1) Determining the Rate Setting

- a) The Worker and resource parent complete CP&P Form [5-8](#), Resource Family Rate Assessment, to determine the child's identified needs requiring an increased board rate.
- b) The Pediatric Nurse completes the acuity assessment based on the child's specific health needs using a scale of 1 to 5, with 1 being a well-child and 5 being a child with and acute or chronic illness that is not stable and can lead to a life-threatening condition. Document the acuity level in NJ Spirit on CP&P form 11-70, Pediatric Nursing Report. See, CP&P form [11-70](#), Pediatric Nursing Report for instructions.

2) Documentation

- a) Prior to submitting CP&P Form [5-8](#), Resource Family Assessment, the Worker documents available and accessible community services, including those provided through Children's System of Care, community programs, Medicaid, or other health insurance
- b) The Worker documents the actions the adoptive parent shall take to ensure that the child's special needs are met in NJ Spirit.

3) Subsidy Approval for the Child with Special Needs

- a) The Worker completes and submits a request for approval packet to the Office of Adoption Operations. Additional documentation may be submitted to support

the child's specific needs (e.g. the psychological evaluation, school reports, birth records). The packet contains the following forms:

- 1) CP&P Form [5-8](#), Resource Family Rate Assessment
 - 2) CP&P Form [5-8a](#), Resource Family Rate Agreement
 - 3) CP&P Form [14-182](#), Application for Subsidized Adoption Payments
 - 4) CP&P Form [14-183](#), Determination of Eligibility Subsidy
 - 5) CP&P Form [14-184](#), Agreement Between the New Jersey Division of Child Protection and Permanency and Adoptive Parents Regarding Subsidy Payments
 - 6) CP&P Form [14-219](#), Basis for Subsidy Eligibility
 - 7) CP&P Form [14-220](#), Request for Adoption Subsidy Approval Memo Checklist.
- b) The Agreement Between the New Jersey Division of Child Protection and Permanency and the Adoptive Parents Regarding Subsidy Payments shall not have the adoptive parent's signature prior to submission to the Office of Adoption Operations.
- c) When requesting a difficulty of care or child specific rate, include a memo addressing the child's extraordinary needs and justification for the higher rate. Include copies of the most recent professional evaluations and reports which support the increase.
- d) The adoptive parent(s) receive notification of the approval or disapproval of the subsidy request.

Key Terms (Definitions):

- **Acuity Level** - the measurement of intensity of medical care required for a patient. The Division of Child Protection and Permanency's (CP&P) Child Health Program recognizes 5 levels of acuity. Each level determines the amount of health care services required to treat, stabilize, or promote well-being. Acuity levels are assigned on a scale from level 1 to level 5, with level 1 being well-child and level 5 being child with acute and or chronic illness that is not stable and can lead to a life-threatening condition.

Forms and Attachments:

- CP&P Form [5-8](#), Resource Family Rate Assessment
- CP&P Form [5-8a](#), Resource Family Rate Agreement
- CP&P Form [11-10](#), Health Passport and Placement Assessment
- CP&P Form [11-70](#), Pediatric Nursing Report
- CP&P Form [14-184](#), Agreement Between the New Jersey Division of Child Protection and Permanency and Adoption Parents Regarding Subsidy Payments
- CP&P Form [14-219](#), Basis for Subsidy Eligibility

- CP&P Form [14-220](#), Request for Adoption Subsidy Approval Memo Checklist

Policy History:

- 5-10-2010

Related Policy

- [CP&P-IV-A-4-100](#), Preparations for Placement
- [CP&P-V-A-1-100](#), HIV Impacted Families
- [CP&P-V-A-1-130](#), Pre-Placement Assessment (Health)
- [Level of Care Rate Table](#)